STATE OF UTAH CONTRACT ASSIGNMENT

STATE CONTRACT

1. PARTIES TO THE ASSIGNMENT: ASSIGNOR (old contractor): ASSIGNEE (new contractor): **NEW VENDOR NUMBER:** (Assigned by the State of Utah) Assignee please complete company information form: **Company Name** Federal Tax ID # **Ordering Address** City State Zip Code Remittance Address (if different from ordering address) City State Zip Code Corporation Partnership Proprietorship Government **Company Type Company Contact Person** Fax Number Telephone Number Internet Home Page **Email Address** 2. CONTRACT SERVICES ASSIGNED TO ASSIGNEE (Brief Description): 3. ASSIGNEE agrees to perform all of ASSIGNOR'S contract responsibilities, and to abide by all contract provisions specified in this contract. ASSIGNOR will have no further responsibilities to perform under this contract and will make no claim for benefits arising from this contract after the effective date of this assignment. **EFFECTIVE DATE:** IN WITNESS WHEREOF, the parties to this assignment sign and cause it to be executed. ASSIGNOR: ASSIGNEE: Signature Signature Date Date Name and Title (type or print) Name and Title (type or print) APPROVED BY:

Division of Purchasing

Date